SEC. DIST. NO. ZO PRIMARY REG. DIST. NO. 30 1/3 Registrar's No. 52	ALEO MAR 1	11115	HE DIVISION OF HE ANDARD CERTIF		 	541
a. STATE b. CITY (II outdute surprasse limits, write RURAL and give township) b. CITY (II outdute surprasse limits, write RURAL and give township) from Hanniba control of the out is bappal or institution, give stores address or locations in STAT' (in subs place) d. FILL NAME OF (If not in bappal or institution, give stores address or locations) in STATUTION LOCATION CITY (II outdute surprasse limits, write RURAL and give township) d. FULL NAME OF (II not in bappal or institution, give stores address or locations) in STAT' (in subs place) d. CITY (II outdute surprasse limits, write RURAL and give township) d. STATE COUNTY TOWN New London DEATH February 1. ADTE COUNTY RELIE CITY (II outdute surprasse limits, write RURAL and give township) d. STATE CITY (II outdute surprasse limits, write RURAL and give township) d. STATE COUNTY TOWN New London NESTITUTION LOCATION COUNTY TOWN New London No COUNTY TOWN New London MISSOUTI 10. STATE CITY CITY (II outdute surprassed limits, write RURAL and give township) S. SEX / 6. COLOR OR RACE // INCOMPANY Permane // COUNTY // COLOR OR RACE // COUNTY // COLOR OR RACE // COUNTY // Color Or running // Color	BIRTH NO		7.0			10
TOWN Hamibal d. FULL NAME OF (If so the benefited in southeather) d. FULL NAME OF (If so the benefited in southeather) MINITUTION Levering 3. NAME OF B. (Pirst) DECEASED (Type or Print) Mame Conn Female White New Color or RACE (Type or Print) Mame Conn Town DECEASED (Type or Print) Mame Conn Town DECEASED (Type or Print) Mame Conn DECEASED (Type or Print) Mame Conn DECEASED (Type or Print) Mame Conn Mame Conn Mame Conn DECEASED (Month) (Day) (Day) Montal DECEASED (Month) (Day) (Montal Day) (Montal DECEASED (Month) (Day) (Day) Montal DECEASED (Month) (Day) (Montal DECEASED (Month) (Montal DECEASED (Month) (Montal DECEASED (Month) (Montal DECEASED (Month) DECEASED (Month) (Montal DECEASED (Month) (Month) (Montal DECEASED (Month) (Montal DECEASED (Month) (Mon	a. COUNTY			2. USUAL RESIDEN	ICE (Where deceased lived. If i	adioba
ADDRESS R # # A. DATE (Month) (Day) (C. (Last)) 3. NAME OF (DECEASED OF THE CONT) 5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, NE	TOWN Ha	nnibal	township) STAY (In this place) 1 Week	ואט ון		0870
3. NAME OF DECEASED (Type or Print) Mame Con Stex			, give street address or location)	d. STREET CADDRESS R R R	(If rural, give location)	
5. SEX 6. COLOR OR RACE 7. MARKED, NEVER MARRIED, WINDER DO BY WIN	3. NAME OF a. DECEASED	. (First)		c. (Last)	l OF	/6
100. ISUAL OCCUPATION (clime kinds of work and of work closed are work of working life, were if retired) TERCHET 3a. FATHER'S NAME William Conn Francis Bowling Francis Bowling Francis Bowling None 15. WAS DECEASED EVER IN U.S. ARMED FORCES? None 16. SOCIAL SECURITY NO. None 18. CAUSE OF DEATH Enter city was or date of service) None 18. CAUSE OF DEATH Enter city on account of the complete of the work of service) None 18. CAUSE OF DEATH Enter city on account of the complete of the work of service) None 18. CAUSE OF DEATH Enter city on account of the complete of the work of service) None 18. CAUSE OF DEATH Enter city on account of the complete of the work of service) None 18. CAUSE OF DEATH Enter city on account of the complete of the work of service) None 18. CAUSE OF DEATH Enter city on account of the complete of the work of service) None 18. CAUSE OF DEATH Enter city on account of the complete of the work of service) None 18. CAUSE OF DEATH Enter city on account of the complete of the work of service) None 18. CAUSE OF DEATH Enter city on account of the complete of the work of service) None 18. CAUSE OF DEATH Enter city on accomplete of the service of the complete of the complete of the service of t	5. SEX / 6. CO	OLOR OR RACE 7. MAF	RRIED, NEVER MARRIED, OWED, DIVORCED (Specify)		9. AGE (In years # then last birthday) Month	ER 1 YEAR 17 UNDER M
38. FATHER'S NAME Williem Conn S WAS DECEASED EVER IN U.S. ARMED FORCES? YEAR, or calabora (if yea, phyrate or dates of service) 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME NONE MEDICAL CERTIFICATION MEDICAL	On. USUAL OCCUPATION done during most of working	(Give kind of work 10b. K	IND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State or)	foreign country)	12. CITIZEN OF W
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. Mrs. Ed Strode New London Missouri No. None None MEDICAL CERTIFICATION None MEDICAL CERTIFICATION None Interval is considered in the control of the mode of dymg, medition of the mode of dymg, medition which coused death. 15. ANTECEDENT CAUSES Are to the above cause (a) stating the underlying cruse list. 15. OTHER SIGNIFICANT CONDITIONS Of the disease or condition couring death. 15. MAJOR FINDINGS OF OPERAL TO. OTHER SIGNIFICANT CONDITIONS (County) States of the above cause (a) stating the underlying cruse list. 15. MAJOR FINDINGS OF OPERAL TO. OTHER SIGNIFICANT CONDITIONS (County) States (a) the disease or condition couring death. 15. MAJOR FINDINGS OF OPERAL TO. OTHER SIGNIFICANT CONDITIONS (County) States (a) the disease or condition couring death. 15. MAJOR FINDINGS OF OPERAL TO. OTHER SIGNIFICANT CONDITIONS (County) States (b) the disease or condition couring death. 15. MAJOR FINDINGS OF OPERAL TO. OTHER SIGNIFICANT CONDITIONS (COUNTY) (COUNTY	3a. FATHER'S NAME		136. MOTHER'S MAIDEN	NAME 1	4. NAME OF HUSBAND OR WI	
II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Enter only one cause or line for (a), (b), and (c) This does not mean the mode of dying, such the substitution for the above cause (a) stating the to the above cause (a) stating the substitution on tributing to the death but not reate, injury, or complica- tion which caused death. 15 DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. 198. DATE OF OPERA- TO (Descity) 210. PLACE OF INJURY (a.g., in or above) SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. 211. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. 212. AUCIDENT SUICIDE Conditions contributing to the death but not related to the disease or conditions causing death. 213. AUCIDENT SUICIDE 214. ACCIDENT SUICIDE Conditions contributing to the death but not related to the disease or conditions causing death. 214. ACCIDENT SUICIDE Conditions contributing to the death but not related to the disease or conditions causing death. 215. AUCIDENT SUICIDE 216. North Conditions Conditions contributing to the death but not related to the disease or conditions Conditions contributing to the death or cause 216. (CITY, TOWN, OR TOWNSHIP) COUNTY) (COUNTY) (COUNTY) (STAT SUICIDE 217. HOW DID INJURY OCCURT WORK 218. HOW DID INJURY OCCURT WORK 218. HOW DID INJURY OCCURT WORK 219. HOW DID INJURY OCCURT WORK 219. HOW DID INJURY OCCURT WORK 221. Hereby certify that I attended the deceased from 2-2. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	15. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SOCIAL SECURITY	17. INFORMANT'S	SIGNATURE OR NAME	ADDRES
**This does not mean the mode of dying, such as heart failure, astherita, at the mode of dying, such as heart failure, astherita, at the state of the above cause (a) stating the underlying cause last, the underlying cause and on the date stated above. Zia. Signature Zia. Burial Crema. Zia. Date Zia. Burial Crema. Zia. Date Zia.	18. CAUSE OF DEATH Enter only one cause per	. DISEASE OR CONDITIO	MEDICAL	ERTIFICATION	leuses +	ISSOURI INTERVAL BETW ONSET AND DEA
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA- 2-10-500 Culler's hyper restrict fludench with - Grown Cause of County) 21a. ACCIDENT (Bpecily) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STAT WORK) 21d. TIME (Month) (Day)' (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day)' (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 22d. I hereby certify that I attended the deceased from 2-22, 19 4g, to 2-16, 19 50, that I last saw the dealive on 2-16, 19 50, one that death occurred at 9:45 fm. from the causes and on the date stated above. 22a. SIGNATURE (Degree or title) 23b. ADDRESS (Degree or title) 23c. DATE SUITING REMOVAL (Greentry Suiting Signature 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (Suiting Suiting Signature REGISTRAR'S SIGNATURE F/9 25 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE ADDRESS REGISTRAR'S SIGNATURE F/9 25 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE F/9 25 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE F/9 25 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE F/9 25 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica-	Morbid conditions, if any, rise to the above cause (a) the underlying cause last.	DUE TO (c)	Cerang	Muchini,	15 m
21d. ACCIDENT SUICIDE HOMICIDE 21d. Month) (Day) (Year) (Elour) OF INJURY 21d. Time (Month) (Day) (Year) (Elour) WHILEAT NOT WHILE WORK NAT WORK 22d. BURIAL CREMA 23d. DATE 21d. NAME OF CEMETERY OR CREMATORY BURIAL REGISTRAR'S SIGNATURE 21d. NAME OF CEMETERY OR CREMATORY 22d. Manual REG. REG. REG. REG. REG. REG. REG. REG.		Conditions contributing to t related to the disease or conc	the death but not dition causing death.			20. AUTOPSY?
21d. TIME OF (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK 2 21. hereby certify that I attended the deceased from 2-12, 194g, to 2-16, 1950, that I last saw the decline on 2-16, 1970, and that death occurred at 9:45 Am. from the causes and on the date stated above. 23a. SIGNATURE (Degree of title) 23b. ADDRESS LALL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (STATE 1) 218/1950 Barkley DATE RECO BY LOCAL REGISTRAR'S SIGNATURE REG. 17. 10 AM. M. M	7-10.500N	Cullen's he	y perplasee fle	V	/'	YES NO
OF INJURY m. WHILE AT WORK NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 2-22, 19 4g, to 2-6, 19 50, that I last saw the dealive on 2-16, 1972, and that death occurred at 9:45 Am. from the causes and on the date stated above. 23a. SIGNATURE (Degree of title) 23b. ADDRES 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24d. LOCATION (City, town, or county) Buriel (1) 2/18/1950 Barkley DATE RECO BY LOCAL REGISTRAYS SIGNATURE 2-17: TO AN A M. Fuckle By M. Hannibal Missouri 10 An Americal Missouri 11 A TWORK 12 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -						(STATE)
alive on	21d. TIME (Month) OF INJURY	(Day) (Year) (Hour)	WHILEAT NOT WHILE	21f. HOW DID INJURY OX	CCUR7	
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	DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	By Wetrsher	16 Claufor	Amily Hannibal	ADD#ESS <u>Mi'ssouri</u>

RECEIVED FEB 24 1950

N.A. THEALTH DEPT

STATEMENT	BY	LICENSED	EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate was embalmed by me, or by
	Student Embalmer No

working under my personal supervision.

John S. Stand

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

If this body is not embalmed, fact should be so stated above.

the above constitutes grounds for revocation of license.)